MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
TOURIMED)	T. C. C. C.
<u></u>	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1" AMENDMENT		AFTER 2 **AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DE
2				 	ļ			51						1
3				 			1	52	 					
4				2			1	<u>53</u> 54	}		ļ			<u> </u>
5				3				55				 		ļ
6							1 1	56						
7				3) i	57		<u>-</u> -				
9				<u> </u>				58						
10				 				59						
11				 				60 61						
12								62						
13]							63						
14								64						
15 16				<u> </u>				65						
17				 -	 -[66						
18				 			}	67 68						
19				1			ŀ	69						
20								70						
21 22								71						
23		{}					L	72						
24							-	73						
25			·				}-	74 75						
26							-	76	-					
27 28							-	77						
29								78	i i					
30		 		 -			-	79						
31							-	80 81						
32				-			-	82		 -				
33								83		 -				
34 35		-						84						7
36							1	85						
37		 }-					-	86						
38							-	87 88						
39								89						
40 41								90						
42	 -	-						91						
43		 -					_	92						
44							-	93		_				
45							-	95					_	
16							-	96				-		
17 18		-						97						
19								98						
50				 				99						
TAL			71	 }_				100						
VD.		₽ [ليك	\Box	Ī	₽	1	IND.		₽▮		₽		Δ
TAL EP.	· <		14					OTAL DEP.		ř				_
TAL LIMS		far.	16				7	OTAL	薩					了 观题
				THE PARTY I			C	LAIMS						
O - 1360 (F	REV. 11/04)								U.S	DEPARTM	ENT of COM	MERCE		